

## Remarks

### The amendment to claim 1

Support for the amendment as regards the role of the intermediary and of the medical information specialist may be found at least at page 5, line 1- page 9, line 7 and in FIG.

1. The claim as now amended makes it clear that the intermediary is empowered to certify that the first physician is entitled to CME credit and that the medical information specialist evaluates the consultation to determine whether the first physician is so entitled:

providing the comment to the medical information specialist, the intermediary being empowered to certify that the first physician is entitled to continuing medical education credit and the medical information specialist evaluating the consultation represented by the comment to determine whether the first physician is entitled to continuing medical education credit on the basis of the consultation represented by the comment and if the first physician is entitled, certifying that the first physician is entitled to the continuing medical education credit in a database accessible from the intermediary and otherwise not so certifying.

Since a continuing medical education credit will be certified to the database if the medical information specialist so determines and otherwise will not be so certified, the claim as amended satisfies the "usefulness" requirement.

*Failure of the combined references to show all of the limitations of claim 1 as amended*

Examiner has rejected claim 1 as obvious over Telemedicine and Remote. The two references do indeed disclose that telecommunications may be used for consultation of a remotely-located physician, that telecommunications may also be used to obtain CME, and even that physicians may be awarded CME credit hours on the basis of remote consultations. The problem is that from the beginning of this prosecution, Applicants have been claiming something far more specific, namely a technique in which a consultation is arranged and conducted through an intermediary and it is a medical information specialist in the intermediary who determines whether the consulting physician is to obtain CME for the consultation. Applicants have now amended claim 1 to more specifically point out key features of the technique:

- the consultation is "arrang[ed] and conduct[ed] ...via the telecommunications system under supervision of a medical information specialist in the intermediary.
  - the intermediary is "empowered to certify that the first physician is entitled to continuing education credit".
- 5     • the medical information specialist "evaluat[es] the consultation represented by the comment to determine whether the first physician is entitled to continuing medical education credit on the basis of the consultation".
- the medical information specialist "certif[ies] that the first physician is entitled to the continuing medical education credit".
- 10   The references disclose that a medical school may give credit hours for CME based on a remote consultation and can manage the technical side of the remote consultation, but there is no indication in the reference that the medical school "arrang[es] and [conduct[s]]" the consultation, no indication in the reference that anyone like Applicants' medical information specialist is involved, and no description of how the medical school actually
- 15   provides the CME credit, and thus no disclosure of anything like the claimed method of providing CME credit. In particular, it should be pointed out that because the medical information specialist "supervis[es]" the arrangement and conduct of the consultation, "evaluat[es] the consultation" and "certif[ies] that the first physician is entitled to the continuing medical information credit", the medical information specialist clearly has
- 20   more than a clerical role in the claimed method.

**Conclusion**

Applicants have demonstrated that the claims as amended in this submission are fully supported by the Specification as filed and that the amendment has responded to all of the grounds of rejection in the final rejection. The submission thus satisfies the requirements of 37 C.F.R. 1.111(b) and of 37 C.F.R. 1.114(c). The \$395.00 fee for the RCE and a \$60.00 fee for a one-month extension of time accompany this response. No other fees are believed to be required for this amendment; should any be, please charge them to deposit account number 501315. Any overpayments should be credited to that account.

Respectfully submitted,

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